

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	NUR		08-31-01
O.I.P.E. CLASSIFIER		59	9/14/
FORMALITY REVIEW	CT	26708	10-19-01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral)..... Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date
Final	
Original	
1	02/15/01
2	02/15/01
3	02/15/01
4	02/15/01
5	02/15/01
6	02/15/01
7	02/15/01
8	02/15/01
9	02/15/01
10	02/15/01
11	02/15/01
12	02/15/01
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15	02/15/01
16	02/15/01
17	02/15/01
18	02/15/01
19	02/15/01
20	02/15/01
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22	02/15/01
23	02/15/01
24	02/15/01
25	02/15/01

Claim	Date
Final	
Original	
1	02/15/01
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99	02/15/01
100	02/15/01

Claim	Date
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If more than 150 claims or 10 actions
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